

Facsimile Transmission

TO: NextGen® CD Program
Fax #: 1-609-282-1004

Receipt of Payment for Maine NextGen® CD Program

From: _____
(name of person)

at: _____
(name of institution)

Please print and complete this receipt (per bullet number 2 in the ***Procedures for Placement*** section on the [Procedures and Details](#) page) and fax to the above number before the close of business on the day you receive payment for your Maine CD.

Name of Authorized Officer: _____

Title: _____

Date: _____

Name of Institution: _____

Address of Institution: _____

Telephone Number: _____

Name of the Account: _____

Date of Transaction: _____
(this must be the date your institution received the funds, even if after your normal hours)

Date of Maturity: _____

Dollar-Amount Invested: _____

Rate of Interest: _____

Face Amount of Certificate: _____
(if different from amount invested)

Collateral Type: _____ CDARS _____ Federal Reserve _____ Private Surety Bond

Additional Information: _____

Signature of Authorizing Officer: _____